

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037456

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9932

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 81207

3 2

4 1

5 3

6

7 1

8 1

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10

11

12 59-c

13

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No.

318

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1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

3 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois

COUNTY Madison

c. CITY

OR TOWN Granite City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION DePaul Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location) 2343 E. 24th Street

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Olga

Middle

Jannette

Last

Crippen

4. DATE OF DEATH

Month

Oct 4, 1963

Day

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

9-23-21

9. AGE (last birthday)

42

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Proprietor

10b. KIND OF BUSINESS OR INDUSTRY

Confectionery

11. BIRTHPLACE (City and state or country)

Tamm, Illinois

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

J. F. Sitton

13b. MOTHER'S MAIDEN NAME

Reva Palmer

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Mrs. Rita Grant-1104a 21st St.

17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of Right Lung with metastases

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

9/2/63

to 10/4/63

and last saw her alive on 10/4/63

Death occurred at

12:25A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

Robert Potashnick M.D.

22b. ADDRESS

3720 Washington

22c. DATE SIGNED

10/4/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-7-63

23c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

23d. LOCATION (City, town, or county)

Edwardsville Twp, Illinois

24. FUNERAL DIRECTOR

ADDRESS

Davis Funeral Home 21st & Cleveland

25. DATE RECD. BY LOCAL REG.

OCT 7 1963

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

Granite City, Ill.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Loren H. Davis

Licensed Embalmer No. 9754

P. O. Address Granite City Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.